

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Paul A. Blowers et al.**  
TITLE: **PRIORITIZED PRESENTATION OF MEDICAL DEVICE EVENTS**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
"EXPRESS No. EV 331 792 943 US, on this 28th day of August, 2003.

Sue McCoy  
Printed Name  
Signature

00746 U.S. PTO  
10/650497  
08/28/03

**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

**Total pages: 20** (including claims and abstract: Spec. 12 sheets; Claims 7 sheets; Abstract 1

☒ **Drawings:**

**Total sheets: 6**

☒ formal ☐ informal

☒ **Combined Declaration and Power of Attorney:**

☒ executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

☒ **Accompanying application parts:**

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

**IF A CONTINUING APPLICATION:**

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application  
No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fee .  
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: \_\_\_\_

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.


☒ Address all future correspondence to:      Girma Wolde-Michael, Reg. No. 36,724  
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No. 27,581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	44	20	= 24	x 18	432
Independent Claims	6	3	= 3	x 84	252
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$750.00
TOTAL					1434.00

☒ Charge Deposit Account No. 13-2546 in the amount of **\$1434.00** for the filing fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

08/28/03  
Date

  
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